

Sick Room Helpers.*

By MISS ELEANOR F. RATHBONE.

I have been asked to give a brief account of an experiment that is being tried by the Liverpool Women's Industrial Council in establishing a new class of recruit in the war against sickness. I agreed, with some hesitation, because the experiment has been working such a short time that nothing definite can be said of its success, but it is, I understand, as a possible future development, rather than as an established fact, that our idea is to be considered, and it is in that light that I commend it to the consideration of the Congress.

Sick-room helpers are the latest class of members that we have added to our Association of Trained Charwomen and Household Helpers. They are thus described in the little trade card which we circulate among employers:—

"Sick-room helpers are women who have given thoroughly satisfactory references as to character, sobriety and honesty; who have had some practical experience of sickness, and who have taken a course of lessons in invalid cookery. They are competent to attend upon cases of illness too slight to require a trained nurse, and in more serious cases to wait upon and assist the trained nurse. *Employers who put them in charge of more serious cases do so at their own risk.*

Wages in gentlemen's houses:

Resident or Non-resident: 3s. a day, with food.

Ditto: 18s. a week (including Sunday).

Ditto: 15s. a week (without Sunday).

In working-class houses, half the above."

Most of those now on our list were in good-class service before marriage, but are now widows or deserted wives. Some can take daily work only, and some can take resident places. Several of them were regularly engaged in doing nursing work on their own account before we heard of them, and others had a good deal of home experience in sickness. We provide them with print dresses of a regulation pattern, bibless aprons, but no caps, so that they may not look exactly trained nurses.

The sick-room helper is, we hope, destined to become a humble aid to the doctor and the nurse, both in well-to-do homes and in those visited by the district nurse. Perhaps she may also prove a useful auxiliary to the school nurse.

In well-to-do homes there are many cases of

slight sickness which do not really require the services of a fully trained nurse, yet where such a nurse is called in because none of the servants or members of the family have leisure enough to do the necessary waiting upon the invalid. Thus last winter, at a time when there was a great deal of serious illness, and doctors were telephoning to one nursing institution after another to find a disengaged nurse, we happened to hear of two neighbouring families who were employing Royal Infirmary nurses, one to nurse the footman and another a child, both suffering from a slight attack of measles. Surely this was a waste of the nurse's skill and of the employer's money. A sick-room helper would have done the work not only as well but better, since she would have cleaned the room and waited upon herself. In homes where the income is not large and one or two servants are kept, the choice between engaging a nurse or throwing the extra work upon the servants often seems a choice of evils, certain to result whichever way is chosen in domestic dislocation and grumbling.

Again, in serious cases, where one nurse is necessary, the provision of a sick-room helper to wait upon her and carry out her directions may often prevent the necessity of engaging a second.

In the working-class homes attended by the district nurse, the need seems a more serious one. In a large proportion of cases, no doubt, the daily or twice daily visit of the nurse and the instructions which she gives to the patient's friends, are all that is needed. But all of us, even those who, like the writer, have nothing to do with nursing or the organisation of nursing, but visit among the homes of the poor for various purposes, must have come across cases where the nurse's work seems badly to need supplementing. For example, there are the acute cases of pneumonia, where the illness has developed so quickly that the patient cannot be taken to the hospital. When one thinks of the care that is lavished upon a pneumonia patient in a well-to-do home, the frequent visits of the doctor, the one, two, or even three nurses constantly employed, the close watch kept upon the patient's strength, to guard against and cope with a sudden collapse, the careful arrangements for securing ventilation without draughts, one is perplexed as to whether all this is quite unnecessary and superfluous, a concession on the part of the profession to the fussiness of the rich patients' friends, or, if it is necessary at all, how the poor patient gets on without it. Again, there are the long tedious cases where the patient's friends get quite worn out with nursing both day and night, and there are the

* Read at the Jubilee Congress of District Nursing, Liverpool, May, 1909.

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